

PRIVATE WATER SUPPLY REPORT

Shipping No. _____

Date Rep. _____

INDIANA STATE DEPARTMENT OF HEALTH
Environmental Microbiology
635 North Barnhill Drive, Room 13G
P.O. Box 7202
Indianapolis, Indiana 46207-7202

Sample Number _____

Date Received _____

ANALYSIS DATA

SAMPLES SUBMITTED WITHOUT COMPLETED FORM
WILL NOT BE ANALYZED. **USE BLACK INK.**
Indiana State Department of Health is to mail report to:

(Name)

(Street)

(City or Town)

IN

(Zip)

SAMPLE DESCRIPTION

Sample Source:

☐ Drilled Well ☐ Dug Well ☐ Driven Well

☐ Spring ☐ Cistern

County _____

Owner _____

Date Collected _____

Collected by _____ Depth _____

Phone _____

Water use by _____

Location of water supply _____

Reason for examination _____

Age of well _____ Date of last repair _____

Location with respect to: privy _____ ft. cesspool _____ ft.

Septic tank _____ ft. Sewers or drains _____ ft.

Pump spout--open or closed _____ Require priming? _____

Well diameter _____ Is cover watertight? _____

For dug wells: Are walls watertight to depth of 10 ft.? _____

Is wastewater carried away? _____

For drilled or driven wells: Single or double tubular _____

Is annular space between the two pipes sealed? _____

Well pit? _____ Drained to _____ Depth cased _____ ft.

For springs: Is it walled up and covered? _____

Can it be flooded? _____

For cisterns: Material of pipeline to cistern _____

State Form 36741 (R4/5-99)

TEST: TOTAL COLIFORM

METHOD*:

☐ MF ☐ MPN ☐ LST P/A ☐ MM P/A ☐ MM QT

RESULT:

☐ PRESENT

☐ ABSENT

--	--	--	--	--	--	--	--

ANALYST:

TEST: ☐ FECAL COLIFORM ☐ E. COLI

METHOD*:

☐ MF ☐ MPN ☐ EC P/A ☐ MM P/A ☐ MM QT

RESULT:

☐ PRESENT

☐ ABSENT

--	--	--	--	--	--	--	--

ANALYST:

*If MF is checked the result is organisms per 100 ml.

If P/A is checked the result is presence (P) or absence (A)

If MPN or MM QT is checked the result is the most probable number per 100 ml.

REPORT OF SAMPLES

☐ **SATISFACTORY:** At examination time, this water was bacteriologically safe based on USEPA standards.

☐ **UNSATISFACTORY:** At examination time, this water was bacteriologically unsafe.

☐ **PLEASE SUBMIT ANOTHER SAMPLE.**
TEST NOT VALID BECAUSE:

☐ Too long in transit (more than 48 hours).

☐ Invalid/no collection date:

☐ Sample type not designated.

☐ Other _____

Please see recommendations (on accompanying sheet)
numbered: _____

Remarks: _____

DIRECTIONS FOR DESCRIBING, COLLECTING AND MAILING THE SAMPLE

I. DESCRIBING THE SAMPLE

1. The regulations of the Indiana State Department of Health provide that samples of water shall not be examined unless they are collected in containers furnished for that purpose and the description blanks are filled out completely.

II. COLLECTING THE SAMPLE

1. A dechlorinating agent has been added to the bottle. It may appear as a white crystal, a drop of water, or a spot of powder two or three millimeters in diameter. It is sodium thiosulfate. **Do not** wash or rinse it out. The purpose of the bottles containing thiosulfate is to destroy the chlorine present at the moment the sample is collected. Sodium thiosulfate prevents the killing action of the chlorine on the bacteria while the sample is being transported to the laboratory. Water samples which contain chlorine residuals when they reach the laboratory will not be examined.
2. A sample shall be taken from a tap, such as a faucet, petcock, or small valve. No sample shall be taken from a fire or yard hydrant or a drinking fountain. Kitchen sinks, threaded hose bibs, softened or treated water lines, and spigots with screens or aerators are poor sampling points and should be used only if better sampling points are not available.
3. When the sample is to be collected from a tap, allow the water to run freely for at least five minutes to flush out pipes and fixtures. Time by a watch; do not guess.
4. Remove the screw cap being careful not to touch or otherwise contaminate the inside part of the cap or the neck of the bottle itself.
5. Reduce flow of water in tap to a steady stream about the size of a pencil. Fill the bottle exactly to the 100 ml line on the bottle. At this level, there will be 100 ml of water and about 25 ml of air space.
6. Replace the screw cap using the same care as before.

III. MAILING THE SAMPLE

1. Postal authorities require that the sample be packed and mailed in the following manner:
 - a. Refold the description form in half lengthwise and wrap it around the bottle. Place the bottle inside the container.
 - b. If the return address label (to the State Department of Health) is not already pasted to the package, moisten the back side of the enclosed gummed address label and paste it on the package. Make sure the return address appears on it.
2. Mail the sample immediately after collection. Time of collection of the sample should be governed by the time of mail pickup at the mailing station and the delivery at Indianapolis. The time between the sample collection and the arrival of the sample to the laboratory should not be more than 48 hours, preferably within 30 hours. If the postal service does not give satisfactory service in your area; in the future, you may wish to investigate other means of transporting the samples, such as UPS, Overnight Expresses or by bus.

PUBLIC WATER SYSTEM REPORT

INDIANA STATE DEPARTMENT OF HEALTH
Environmental Microbiology Laboratory
635 North Barnhill Drive Rm# 13G
P.O. Box 7202
Indianapolis, Indiana 46207-7202

Shipping No. _____

Sample Number _____

Date Reported _____

Date Received _____

Samples submitted without completed form will not be analyzed.
Use black ink.

Indiana State Department of Health is to mail report to:

Name: _____

Street: _____

City: _____ IN (Zip) _____

TO BE COMPLETED BY PUBLIC WATER SYSTEMPWS ID

CERTIFIED LAB ID NUMBER 5 2 4 9 2

Organization Phone Number _____

County _____

Date Time Location Code

Sampling Address _____

Chlorine Residual at Sampling Address _____ mg/l

Sample Collected By _____

SAMPLE TYPE (check appropriate square)☐ D--Distribution ☐ C--Repeat ☐ O--OtherDate Original Sample Collected
(If sample is a repeat)REMARKS: _____

_____**ANALYSIS DATA****TEST: TOTAL COLIFORM****METHOD*:**☐ MF ☐ MPN ☐ LST P/A ☐ MM P/A ☐ MM QT**RESULT:**☐ PRESENT ☐ ABSENT

Analyst: _____

Most Probable Number

TEST: ☐ FECAL COLIFORM ☐ E COLI**METHOD*:**☐ MF ☐ MPN ☐ LST P/A ☐ MM P/A ☐ MM QT**RESULT:**☐ PRESENT ☐ ABSENT

Analyst: _____

Most Probable Number

HETEROTROPHICPLATE COUNT /1.0ML /0.1ML

E If MPN or MMQT is checked, the result is a statistical
determination of the most probable number per 100ml.
If MF is checked, the result is organisms per 100ml.
If P/A is checked, the result is present or absent.

REPORT OF SAMPLES☐ **SUBMIT REPEAT SAMPLES** as required under 327
IAC 8-2-8.1☐ **PLEASE SUBMIT ANOTHER SAMPLE. TEST NOT
VALID BECAUSE:**

- ☐ Too long in transit (more than 48 Hours).
☐ Invalid or no collection date and/or time.
☐ Sample leaked or broken in shipment, insufficient volume.
☐ Residual chlorine present.
☐ Other _____

DIRECTIONS FOR FILLING OUT PUBLIC WATER SYSTEM REPORT STATE FORM 39231

- A. Print clearly, filling in ALL information in the left hand column of the bacteriological report form.
- B. Return the completed form with your sample to the laboratory within 30 hours of collection. Samples over 48 hours old will not be analyzed.
- C. Fill in the following information:
1. ADDRESSES to which examination results should be sent.
 2. PWS ID--This is a unique number assigned your water supply for identification purposes. It is required for analysis to be performed.
 3. Phone number of the Public Water System.
 4. SAMPLING ADDRESS AND LOCATION CODE--A system representing the sampling location is required under 327 IAC 8-2-8(a). Each sampling location can be assigned a unique 4-digit number (location code) by the water operator.

e.g. Sampling address JOHN DOE RESIDENCE
Which tap LAUNDRY ROOM SINK
- Location Code

0	0	0	1
---	---	---	---
5. DATE OF SAMPLE--Use month, day and year sample was taken.
 6. TIME OF SAMPLE--Indicate the time of day that the sample was taken using the 2400 hour terminology.
 7. CHLORINE RESIDUAL--Indicate chlorine residual.
 8. TYPE OF SAMPLE--Check appropriate square to indicate type of sample.
 9. REMARKS--Indicate type of sample, i.e., raw water, new main, etc.
- D. ALL SAMPLES MUST BE RECEIVED IN THE LABORATORY BY 3:00 PM.
- E. USE THE ENCLOSED BOTTLE. SAMPLES SUBMITTED IN OTHER CONTAINERS WILL **NOT** BE ANALYZED. THIS BOTTLE CONTAINS SODIUM THIOSULFATE WHICH MAY APPEAR AS DROPLETS OF A WHITE POWDER. DO NOT RINSE THIS OUT. FILL EXACTLY TO THE 100 ML LINE.

EXPLANATION OF SAMPLE STATUS

ANOTHER SAMPLE MUST BE SUBMITTED IF ANY OF THE FOLLOWING ARE INDICATED ON THE REVERSE:

1. TOO LONG IN TRANSIT: Sample received more than 48 hours after collection; NOTE: RESULTS OF SAMPLES RECEIVED MORE THAN 30 HOURS AFTER COLLECTION MAY BE INVALID.
2. INVALID OR NO COLLECTION DATE AND/OR TIME: Samples will not be ran without a date or time, samples received in lab with date of collection later than time received has an invalid date.
3. SAMPLE LEAKED OR BROKEN IN SHIPMENT, INSUFFICIENT VOLUME: Sample container was damaged or leaked in transit resulting in insufficient sample volume, test procedure requires 100 ml.
4. RESIDUAL CHLORINE: The presence of chlorine in the sample interferes with testing, invalidating the sample.
5. HIGH BACKGROUND COUNT: Sample contained a large number of bacteria which inhibits an accurate determination of coliform bacteria.



WATER TEST KIT ORDER

State Form 46270 (R2/10-99)

Approved by State Board of Accounts 1999

FOR ISDH USE ONLY

Date Received _____

Receipt No. _____

Shipping No. _____

Name _____

Phone () _____

Address _____

PWS ID No. _____

City _____, IN _____ - _____ (9 Digit Zip)

The fees for bacteriological testing and chemical testing of drinking water (sodium/fluoride/nitrate/total nitrate-nitrite) for private organizations is \$8.00 per sample. Please DO NOT enclose a sample with this form.

Are you a state, city or county owned facility? ☐ Yes ☐ No

Please indicate the number of test kits you need next to your facility type and under your sample type so that the correct forms will be enclosed with your test kit.

DRINKING WATER IDEM MONITORING	Bacteriology Sample Kit	Fluoride/Sodium Sample Kit	Total Nitrate- Nitrite Sample Kit	Nitrite Sample Kit	Total Kits
Municipal Water Supply (No Fee)					
Business (\$8.00)					
Mobile Home Park (\$8.00)					
School (No Fee)					
Other (\$8.00)					

ISDH/WELFARE MONITORING	Bacteriology Sample Kit	Fluoride/Sodium Sample Kit	Total Nitrate- Nitrite Sample Kit	Nitrite Sample Kit	Total Kits
Foster Home (\$8.00)					
Dairy (\$8.00*)					
Bottled Water/Ice Processor (\$8.00*)					
Food/Frozen Food Processor (\$8.00*)					
Swimming Pool-Pool Water (No Fee)					
Bathing Beach-Lake Water (No Fee)					
State Facility/Health Official (No Fee)					

*Charge applies when submitted by the business.

UNREGULATED/ UNMONITORED	Bacteriology Sample Kit	Fluoride/Sodium Sample Kit	Total Nitrate- Nitrite Sample Kit	Nitrite Sample Kit	Total Kits
Private Individual/Business					
Realtor/Inspection Company					

Total paid sample test kits required _____ X \$8.00 per kit = \$ _____ enclosed.

Total non-paid sample kits requested _____

Please make check or money orders (no cash or purchase orders please) payable to Indiana State Department of Health and mail to:

Indiana State Department of Health
Attention: Cashiers Office
2 North Meridian St.
Indianapolis, IN 46204